

DISMISSAL OF PERMANENT EMPLOYEES SEPARATION CHECKLIST

Name:
Effective Date:

Social Security Number:
Dept/Bur/Div:

PROCESSING DISMISSAL PENDING

- | | |
|---|--|
| <input type="checkbox"/> Dismissal Letter
<i>(Approved by City Manager)</i> | <input type="checkbox"/> HR-1 |
| <input type="checkbox"/> PERS Member Action Request Form | <input type="checkbox"/> Create a "Turnaround" Reinstatement HR-1 |
| <input type="checkbox"/> COBRA
_____ Information to Employees and Dependents
_____ Proof of Notification Form | <input type="checkbox"/> Separation Form - UI Questionnaire |
| <input type="checkbox"/> Economic Interest Statement - Form 700
<i>(Management Employees)</i> | <input type="checkbox"/> Payoff of Accrued Vacation & Personal Holiday Leave Time
<i>(If requested by the employee)</i> |

PROCESSING DISMISSAL FINAL

- | | |
|---|--|
| <input type="checkbox"/> Copy of Disposition "Skelly" Letter | <input type="checkbox"/> HR-1 |
| <input type="checkbox"/> PERS Member Action Request Form | <input type="checkbox"/> Separation Form - UI Questionnaire |
| <input type="checkbox"/> ~ If Applicable
_____ COBRA Information to Employees and Dependents
_____ COBRA Proof of Notification Form | <input type="checkbox"/> ~ If Applicable
Payoff of Accrued Vacation & Personal Holiday Leave Time |

CONFIRMATION

Payroll/Personnel Assistant's Signature

Date

Forward Employee Personnel & Medical File to the Department of Human Resources.